

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEF	IND	DEF	IND	DEF		IND	DEF	IND	DEF	IND	DEF	IND	DEF
1								51							
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49								99							
50								100							
TOTAL IND.								TOTAL IND.							
TOTAL DEF.								TOTAL DEF.							
TOTAL CLAIMS								TOTAL CLAIMS							